PATENT APPLICATION FEE DETERMINATION RECORD									Application of Dock t Number				
_	Effective October 1, 2000								09/8544/5				
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	/		R THAN	
1	TOTAL CLAIM	S								OI	<u> </u>	LENTITY	
FOR			NUMBE	NUMBER FILED ' NUM			BER EXTRA BASIC			\exists	RATE	FEE	
TOTAL CHARGEABLE CLAIMS			43	inus 20=	•	23		The state of the s	7700		BASIC FE	1/1/	
INDEPENDENT CLAIMS			10	ninus 3 =	•			X\$ 9=	100	OF		1414	
М	ULTIPLE DEPE	NDENT CLAIM	1 //					X40=	i i de Carrio.	OF	X80=		
•	If the differenc	e in column 1 is	less than	ess than zero, enter "0" in column 0				¥135=		OF	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II								TOTAL	131	_OF	TOTAL	PH	
		(Column 1)	1 nn 2)	(Column 3)		SMALL	· (.ENTITY	OR	OTHER SMALL	R THAN			
AMENDMENT A		CLAIMS REMAINING	374	HIGHE	ST	PRESENT	Г		ADDI-	7	C C	ADDI-	
		AFTER AMENDMENT		PREVIO	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=	_ '	
	Independent	- NTATION OF M	Minus	•••		=	·	X40=	<u> </u>	OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPE				CLAIM		上	. 105	1		070		
		·					L	+135= TOTAL	-	OR	+270=		
	•	(Column 1)		(Colum	n 2)	(Column 3)	ΑĐ	DIT. FEE		OR	ADDIT. FEE		
8		CLAIMS	20.37 . 6	HIGHE		(Column 3)	_			3 1			
		REMAINING AFTER AMENDMENT		NUMBI PREVIOU		PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI-	
MEN				PAID F					FEE		HAIE	TIONAL FEE	
ENDMENT	Total	•	Minus	••		=		X\$ 9=		OR	X\$18=		
AME	Independent	Minus ENTATION OF MULTIPLE DEPENDENT			21 0104			X40=		OR	X80=		
		WATER OF ME	CHIPLE DE	TIPLE DEPENDENT CLAIM				+135=		OR	+270=		
								TOTAL		'	· TOTAL		
		(Column 1)		(Colum	n 2\	(Column 2)	AD	DIT. FEE		On	ADDIT. FEE		
O	· · · · · · · · · · · · · · · · · · ·	CLAIMS	and Spice Bales	HIGHE	ST	(Column 3)	_					j	
MENDMENT	et Byg i	REMAINING AFTER AMENDMENT	* Se	NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	•	Minus	**	<u> </u>	=	1	X\$ 9=	·FEE		V640	FEE	
	Independent	•	Minus	***		=	\vdash			OR	X\$18=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ľ	X40=		OR	X80=		
If the entry in column 1 is loss than the entry in solumn 2 with rest in the										+270=	l		
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."													
T	he "Highest Num	noer Previously Paid ber Previously Paid	Total or	SPACE is I Independent	ess than t) is the l	3, enter *3." nighest number (_	propriate box				